



# Special Access Request Form Funds Control System

Langley Research Center

Name (as it appears in the X500)			Type of Request (Please check only one)	<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete
Unique Identifier (found in the X500, such as: LAXxxxxx)	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Org Code	E-mail Address (as it appears in the X500)	
Employer (If Civil Service list NASA, If Contractor list Company)			Area Code and Telephone Number	
Mailing Address (Include code, Building and Room Number)				
Solar IT Security Completion Date: (completion date must be for current year)				

Role Selection	Check Roles	Other Information
<b>Programmatic</b>		
OCFO Programmatic Funds Manager	<input type="checkbox"/>	
Fund Center Resource Manager	<input type="checkbox"/>	Funded Program(s):
Resource Analyst (fund Center or Service Pool)	<input type="checkbox"/>	Funded Program(s) or Service Pool(s):
<b>Institutional</b>		
CMO	<input type="checkbox"/>	
Institutional Fund Center Manager	<input type="checkbox"/>	Project(s):
<b>Other</b>		
Regional Finance Officer	<input type="checkbox"/>	
General Use (Reporting Only)	<input type="checkbox"/>	
System Administrator	<input type="checkbox"/>	

Unauthorized use of the computer accounts and computer resources to which I am granted access is a violation of Section 799, Title 18, U.S Code; constitutes theft; and is punishable by law. I understand that I am the only individual to access this system under my ID will not knowingly allow others access through the use of my ID. I understand that my misuse of assigned roles, and accessing others' accounts without authorization is not allowed. I understand that failure to abide by these provisions may constitute grounds for termination of access privileges, administrative action, and/or civil or criminal prosecution. I will not share my USRID or divulge my password to anyone. I understand I must log-on to the system regularly to retain system access, and I will notify the Funds Control Security Administrator when I no longer need access. I will change my password in accordance with system guidelines. I will abide by NPG 2810 guidelines when selecting a password.

User Signature	Date
NASA Supervisor Name (printed or typed)	NASA Supervisor Signature Date

**Completed forms shall be submitted to MS 104 or Faxed to 8034 (Gail Temple)**

Funds Control System Administrator	FCS Administrator Signature	Date
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LaRC (12/18)